CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DA	TE OF REPORT	2.	NAME OF CO	OMMITTEE					
2.A. SI	HORT NAME OF COMMITTEE (IF APPLIC	CABLE	Ξ)						
-	DRESS AND PHONE eet or Rural Route	City			State	Zip Code)	Phone	
4. TY	PE OF CANDIDATES SUPPORTED	STAT	TE PUBLIC O	FFICE	LOCAL PUB	LIC OFFIC	E 🔲	вотн 🔲	
	ME OF POLITICAL TREASURER						5.B. DATE	E APPOINTED	
QI	TEGORY OR REPORT (Check one) FIRST SECOND THIRD JARTER QUARTER QUARTER GINNING DATE OF REPORTING PERIOD		FOURTH QUARTER	PRE-PRIMARY	PRE- GENERAL	SUPF	D-YEAR PLEMENTAL	YEAR-END SUPPLEMENTAL	
7.A.DE	GINNING DATE OF REPORTING PERIOD			7.B.ENDIN	G DATE OF KER	-OKTING FI	ERIOD		
	 8. (Check one) A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act. 								
9. WI	TNESS SIGNATURE			- Grown	olitical treasure			date	
				signatu	re of witness			date	
10. SU	IMMARY								
a.	BALANCE ON HAND LAST REPORT					\$			
b.	TOTAL RECEIPTS THIS PERIOD					\$			
c.	TOTAL DISBURSEMENTS THIS PERIOD					\$			
d.	BALANCE ON HAND (10.a. plus 10.b. r	minus 1	10.c.)				\$		
e.	TOTAL LOANS OUTSTANDING						\$		
f.	TOTAL OBLIGATIONS OUTSTANDING	3					\$		

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT	COVERING THE PERIOD					
	FROM	TO:					
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		•					
a. Unitemized Contributions (\$100 or less from each source this period)	¢						
b. Itemized Contributions (over \$100 from each source this period)							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.							
	•						
	LOANS RECEIVED THIS REPORTING PERIOD						
15. INTEREST RECEIVED THIS REPORTING PERIOD							
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$					
DISBURSEMENTS							
17. EXPENDITURES (other than loan payments)							
 a. Unitemized Expenditures (\$100 or less each payee this period) (must be liste gasoline) 	d by category - e.g	., printing, postage,					
\$							
\$							
\$							
\$							
\$							
							
Total of Expenditures (\$100 or less each payee)	\$						
b. Itemized Expenditures (Over \$100 each payee this period)	\$						
c. Independent Expenditures	\$						
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17	.c.)	\$					
18. LOAN REPAYMENTS MADE THIS PERIOD		\$					
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) .		\$					
20. IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$						
b. Itemized in-kind contributions (over \$100 from each source this period)	\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 2	0.b.)	\$					
21.LOANS							
LOANS OUTSTANDING (must be shown in item 10.e.)		\$					
22.OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$						
b. Itemized Obligations Outstanding (Over \$100 each)							
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i							

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ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVI	ERING THE PERIOD	
			FROM:	TO:	
				Amount	
		CONSTRUCTION PRECEDING PAGE (enter \$0 if first itemized pa	-	1	
		CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code		Date of Contribution	
Occupation		Employer			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	ı				
City	State	Zip Code		Date of Contribution	
Occupation	<u> </u>	Employer			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	1				
City	State Zip Code				
Occupation	<u> </u>	Employer			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	•				
City	State	Zip Code		Date of Contribution	
Occupation	l	Employer			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code		Date of Contribution	
Occupation	•	Employer			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address		•			
City	State	Zip Code		Date of Contribution	
Occupation		Employer			
5.TOTAL ITEMIZED CONTRIBUTIONS		•			
(Carry forward to item 3. of next page if a (If this is the last page of contributions, thi					



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ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD	
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED EXPENDITURES F						
COMPLETE THE APPROPRIATE ITEMS penditure is an in-kind contribution to a canc the purpose of expenditure section.	FOR EAG	CH ITEMIZED EXPENDIT ase remember to include the	URE (expenditures totaling more than \$100 to be purpose of the expenditure (e.g. postage, pri	to any payee during th nting) along with the ca	e period). If the ex- andidate's name in	
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			+			
Address					Date of Expenditure	
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Last Namer Dusiness Name						
Address					Date of Expenditure	
	CLL	7. 0. 1	1			
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address					Date of Expenditure	
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
					·	
Last Name/Business Name	!					
Address					Date of Expenditure	
, add see					Date of Experiance	
City	State	Zip Code				
First Name	Middle Nar	l me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address					Date of Expenditure	
	Louis	I. 7. 0. 1				
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>		†			
					Data of Evpanditura	
Address					Date of Expenditure	
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES	I .					
(Carry forward to item 3. of next page if additional pages of this form are used.)						
(If this is the last page of campaign expen-	ditures, thi	is amount must be shown i	in item 17b. of summary.)			

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVE	RING PERIOD		
				FROM:	TO:		
					Amount		
3. TOTAL ITEMIZED IN-KIND CONTR 4. COMPLETE THE APPROPRIATE I	RIBUTIONS FRO	M PRECEDING PAC	GE (enter \$0 if first itemized page)	t-t-line the #100 feet			
		U I I EINIIZED IIN-KIIV		is totaling more than \$100 from a	1		
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution		
Last Name/Organization Name							
				_			
Address							
City	State	Zip Code			Date of In-Kind Contribution		
Occupation							
Employer							
Employa							
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution		
Last Name/Organization Name							
·							
Address							
City	State	Zip Code			Date of In-Kind Contribution		
Occupation							
Employer							
Епроус							
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution		
Last Name/Organization Name							
Address							
City	State	Zip Code			Date of In-Kind Contribution		
Occupation							
Employer							
Employer							
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution		
Tistitulie	Wilder Warne		Beschphorter in Aina containation		value of in Tailla Contribution		
Last Name/Organization Name	•						
Address							
					Date of In-Kind Contribution		
City	State	Zip Code					
Occupation		L					
Employer							
	NTDIDLITIONS						
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS						
(Carry forward to item 3 of no							
(ii triis is the last page of In-K	iriu contributions,	uns amount must be	shown in item 20.b. of summary.)				

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ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

TI EIMEED GIATI		11 01 1110		OILO 17	10
1. NAME OF COMMITTEE	2. REPORT COV	ERING THE PERIOD			
				FROM:	TO:
3. TOTAL ITEMIZED INDEPENDENT B	EXPEND	ITURES FROM PREC	CEDING PAGE (enter \$0 if first itemized	page)	Amount
4. COMPLETE THE APPROPRIATE ITEM:	S FOR E	ACH ITEMIZED INDEPE	NDENT EXPENDITURE (expenditures totalin postage, printing) and the name of the candi	ng more than \$100 to a	
[h (5 11)		I
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	-				
Address			Candidate Supported or Opposed & Office Sought		Date of Expenditure
			_	Opposed	
City	State	Zip Code		Supported	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			Candidate Supported or Opposed & Office Sought		Date of Expenditure
				Opposed	·
City	State	Zip Code		Supported	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure
City	State	Zip Code		Supported	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
					·
Last Name/Business Name	•				
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure
City	State	Zip Code	4	Supported	
City	State	Zip code		Зирропец 🔲	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1				
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure
Cit.	Ct-t-	7:- C- d-		Supported	
City	State	Zip Code		Зарропеа 🗀	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u>!</u>				
Address					Date of Expenditure
			Candidate Supported or Opposed & Office Sought	Opposed \square	
City	State	Zip Code		Supported	
E (a) Itemized Independent Francische		•	, ,		
			\$		
			es this amount must be showin in item 17c	of aummar:	
(c) Total Independent Expenditures (If this	2KI 9HI ZI	LUAGE OLING EXDENDITH	es, inis amouni musi de snowin in item 170-	OF ZURIUMALA DAGE J	1 .5

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE					2. REPORT COVI	ERING THE PERIOD		
					FROM:	TO:		
3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	FOR EA any pers	CH ITEMIZED on/business at the end of	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ame						
Last Name/Business Name			1					
Address								
City	Ctata	7in Codo	Data of Lang					
City	State	Zip Code	Date of Loan					
					_			
First Name	Middle Na	ame						
Last Name/Business Name			-					
Edit (vality) business (valite								
Address			-					
City	State	Zip Code	Date of Loan		<u> </u>			
First Name	Middle Na	ame						
Last Name/Business Name]					
			1					
Address								
City	State	Zip Code	Date of Loan					
First Name	Middle Na	ame						
Last Name/Business Name			-					
Edit (vality) business (valite								
Address			-					
City	State	Zip Code	Date of Loan		1			
First Name	Middle Na	ame						
Last Name/Business Name	1		1					
Address]					
]					
City	State	Zip Code	Date of Loan					
4. TOTALS								
(Total from "Outstanding Balance - (End of Perio in item 21 on summary page.)	d)" columr	n must also be shown						



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1 NAME OF COMMITTEE					T a DEDODT COV	EDINO THE DEDIOD
1. NAME OF COMMITTEE						ERING THE PERIOD TO:
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	FROM: Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name	1		-			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
	_					-
First Name	Middle N	ame				
Last Name/Business Name			1			
Address			-			
City	State	Zip Code	-			
Description of Obligation	<u> </u>	<u>. I</u>	1		. <u>I</u>	<u> </u>
First Name	Middle N	ame				
Last Name/Business Name	<u> </u>		-			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name	<u> </u>		-			
Address			1			
City	State	Zip Code	1			
Description of Obligation	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
4. TOTALS (Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	column m	ust also be shown				



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